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PATENT & TRADEMARK OFFICE

"PATENT"

# AMENDMENT TRANSMITTAL FORM

In re application of: Kenneth L. Riley, et al.
U. S. Serial No.: 10/677,697
Filed: October 2, 2003
For: PROCESS FOR UPGRADING NAPHTHA

) Before the Examiner
) Prem C. Singh
) Confirmation No.: 9775
) Group Art Unit : 1764
) Family Number: P1997J057K-US2

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

[X] The undersigned hereby certifies having information and a reasonable basis for belief that this correspondence will be deposited as first-class mail with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on November 21, 2006.

Transmittal herewith is an amendment/response in the above-identified application.

Petition for extension of time pursuant to 37 CFR 1.136 and 1.137 is hereby made, if and to the extent, required. The fee for this extension of time is calculated to be $_____ to extend the time for filing this response until _____.

The fee for any changes in number of claims has been calculated as shown below.

| CLAIMS AS AMENDED | | | | | | |
|---|---|---|---|---|---|---|
| (1) | (2) Claims Remaining After Amendment | (3) | (4) Highest Number Previously Paid For | (5) Present Extra | (6) Rate | (7) |
| Total Claims | * | Minus | ** | | x 18.00 | |
| Indep. Claims | * | Minus | *** | | x 88.00 | |
| MULTIPLE DEPENDENT CLAIM FEE | | | | | $300.00 | |
| | | | | FEE FOR CLAIM CHANGES | | |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Higher Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The total fee for this INFORMATION DISCLOSURE STATEMENT, including claim changes and any extension of time is calculated to be $300.00.

[X] Charge $300.00 to Deposit Account No. 05-1330.

[X] The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 and 1.17 which may be required by this paper, or credit any overpayment, to Deposit Account No. 05-1330. A duplicate copy of this Form is enclosed.

21 November 2006
Date of Signature

Paul E. Purwin
Attorney or Agent of Record

**Post Office Address: [to which correspondence is to be sent]**
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P. O. Box 900
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[X] Pursuant to 37 CFR 1.34(a)

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